


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12098** (2)
1. Corporation Name
THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC

Principal Place of Business 12661 NEW BRITTANY BOULEVARD FORT MYERS FL 33907 US	Mailing Address 12661 NEW BRITTANY BOULEVARD FORT MYERS FL 33907 US
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2. Principal Place of Business 21 6213-E PRESIDENTIAL CT Suite, Apt. #, etc. 22 City & State 23 FORT MYERS FL Zip Country 24 33919 25 USA	2a. Mailing Address 26 6213-E PRESIDENTIAL CT Suite, Apt. #, etc. 27 City & State 28 FORT MYERS FL Zip Country 29 33919 30 USA
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3. Date Incorporated or Qualified 11/14/1985	
4. FEI Number 59-2654041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STILPHEN, PETER MARQUIS MANAGEMENT INC 12661 NEW BRITTANY RD FT MYERS FL 33907	10. Name and Address of New Registered Agent 81 Name CAROL J. HENKE 82 Street Address (P.O. Box Number is Not Acceptable) C/O HENKE PROPERTY MANAGEMENT, INC. 83 6213-E PRESIDENTIAL CT 84 City FORT MYERS FL 85 Zip Code 33919
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Carol J. Henke* DATE **3-30-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIKINS, HANK	1.2 NAME	HANK WILKINS
STREET ADDRESS	7171 GOLDEN EAGLE CT 1114	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	33919
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYRE, SAMUEL	2.2 NAME	
STREET ADDRESS	7110 GOLDEN EAGLE COURT #422	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	33912
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYO, BOB	3.2 NAME	
STREET ADDRESS	7131 GOLDEN EAGLE CT #823	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	33912
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSETT, LINDA	4.2 NAME	
STREET ADDRESS	7110 GOLDEN EAGLE CT 421	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	33912
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D BAYARD HORN
STREET ADDRESS		5.3 STREET ADDRESS	7141 GOLDEN EAGLE CT. #823
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-7-98**

CR2E037 (10/97)